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TRAINING SCHOOLS FOR NURSES IN THE NEW YORK STATE HOSPITALS FOR THE INSANE*

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OUR training-schools in the state hospitals for the insane are called "special," and are so classified in the reports from the Education Department. The nurse in one of these schools finds herself in the same situation as a certain physician, who, when asked if he was specializing, replied: "Yes, I am specializing on the skin and all it contains."

The more thought we give to the training of pupils for mental nursing and the needs of the mentally sick, the greater seems the necessity for those pupils to specialize in caring for the insane by acquiring adequate knowledge of all other diseases as well. Insanity does not render a patient immune to any kind of physical illness, and certain kinds of mental disease rest upon a physical basis. Helpless, indeed, would be the nurse who attempted the care of an insane patient without knowledge of the nursing required in physical disease, and even more helpless the one who attempts to care for such a patient with little or no knowledge of mental nursing, be she ever so skilfully trained along other lines. Both these forms of incompetent nursing have come under my observation, and it is difficult to say which resulted in less benefit to the patient.

A sane person suffering from bodily disease can derive some comfort from the attention of even the most unskilled, as he can direct his own care to a certain extent. It is not so with the mentally affected; he is often completely at the mercy of his caretaker, often wholly dependent for his comfort upon the correct interpretation of the peculiar manifestations of his disease. How necessary, then, that these symptoms be intelligible to the nurse, if the treatment ordered by his physician is to be of benefit, and if conditions brought about by the complete failure on the part of the nurse to understand his trouble are to be avoided.

The nurses actively engaged in caring for the insane are often surprised at the ignorance of the average general hospital nurse concerning mental disease. The latter knows simple febrile delirium and its

* Read at the eleventh annual meeting of the New York State Nurses' Association, Utica, October 16, 1912.

manifestations, but beyond this she is mystified and terrified by all forms of mental alienation. This natural surprise of the state hospital nurses is increased when they learn that of all beds devoted to the use of the sick in New York State, one-half, or approximately 32,000, are occupied by the insane, and are too few for the needs by several thousand.

Statistics show an increase of 104 per cent. in our insane population in the past ten years, while the population of the state has increased 52 per cent. in the same length of time. While this may not mean that insanity is rapidly increasing, it does show that more patients are sent to the hospitals and are receiving nursing care. Add to this the number cared for at home. One neurologist states that 20 per cent. of his cases could not possibly be placed in hospitals, and that 20 per cent. more could be cared for at home if he could find a sufficient number of nurses capable of giving the kind of care necessary for their recovery. Then add the large number of nervous invalids, neurasthenics and border-line cases, all entitled to correct care and advice to prevent their going on to active insanity,—and I think you will agree with me when I say that the young woman who adopts the profession of trained nurse and does not familiarize herself with the needs of the nervous and insane, cannot quite “read her title clear,” as she is not prepared to do her whole duty by the sick.

In the home and in the state the problem of mental disease is one of the greatest and most far-reaching with which we have to deal to-day. Why has this saddest and most blighting form of disease failed to make its appeal to more of the women who enter schools of nursing? Let us glance briefly over the field and see if we can find the reason. We need not speak of the primal origin of this disease, for insanity is older than civilization. History tells us that, with the exception of certain humane periods during the time of the highest civilization in Greece and Rome, the insane up to the most modern times were the subject of superstition, abuse and neglect. Driven into the fields and forests to die of starvation, or later burned as witches, feared and shunned because they were supposed to be possessed of devils, the story is nearly always the same, nothing done to help them, everything done to persecute and destroy them.

In the last half of the eighteenth century we read, for example, of a hospital, Bethlehem, in London, England, where an attempt was made to care for them. The horrors of this place, “Old Bedlam,” as it came to be called, have been depicted or alluded to in the literature of a hundred years, when a London holiday was incomplete without a sight of the

lunatics in Bedlam, which could be had for a small fee, with the privilege of poking at them through the bars of their cages to make them rave and run the length of their chains, if perchance the sightseer came upon them when exhausted nature compelled sleep.

A few years later, curiously enough, a movement for their better treatment took place almost at the same time in different countries, and we read of Tuke in England, with his humane retreat at York; Pinel striking the shackles from the maniacs at Bicetre, Paris; Jacobi in Germany, and Rush in America. Each of these remarkable men achieved his task uninformed of the action of the others, helping to inaugurate a new epoch in the history of the treatment of the insane, substituting in the place of restraint and force, the largest possible degree of liberty.

Following this, we find several asylums for the insane in America, in which improved methods were used, and yet, an almost universal ignorance, superstition and apathy still held the minds of the people everywhere in regard to this disease. About this time, in 1841, Dorothea Dix began her unrelenting, untiring labors for the improvement of the insane and succeeded in creating a new and effective public sentiment, and finally in getting this sentiment embodied in positive legislative action, whereby nearly every state in the union provided for the erection of buildings for the insane.

The first recognition by the state of New York of the principle of state care was the establishment of the State Lunatic Asylum at Utica in 1839, now the Utica State Hospital. Prior to that time, and for years subsequent, owing to a clause in the charter of the institution by which incurable cases were debarred from its benefits, many insane continued to be cared for in the county poor houses and jails.

In 1864, Dr. Willard made the following report of an investigation of the condition of the insane poor in county asylums:

"In some of these buildings the insane are kept in cages and cells, dark and prison-like, as if they were convicts instead of the life-weary, deprived of reason. They are in numerous instances left to sleep on straw, like animals, without other bedding, and there are scores who endure the piercing cold and frost of winter without either shoes or stockings being provided for them; they are pauper lunatics and shut out from the charity of the world, where they could at least beg shoes. Insane, in a narrow cell, perhaps without clothing, sleeping on straw or in a bunk, receiving air and light and warmth only through a rough prison-like door; bereft of sympathy and social life, except it be with a fellow lunatic, without a cheering influence or a bright hope for the future, the violent have only to rave and become more violent and pace

in madness their miserable apartments. These institutions afford no possible means for the various grades of the insane,—the old and the young, the timid and the brazen,—the sick, the feeble and the violent are herded together without distinction as to the character or degree of their madness, and the natural tendency is for all to become worse. In some violent cases the clothing is torn and strewed about the apartments, the lunatics continuing to exist in wretched nakedness, having no clothing, and sleeping upon straw wet and filthy with excrement, and unchanged for several days.”

It was not until the passage of the State Care Act, brought about by the combined efforts of the New York State Medical Society and the State Charities Aid Association, in 1890, that this pernicious system was discontinued. When we shudder at the condition of the insane centuries ago, we have to remember that in 1889 in New York State, one keeper of a county asylum stated with pride that he maintained the insane of his county at a cost of 90 cents a week per capita, or less than 13 cents a day.

Conditions similar to those described in Dr. Willard’s paper were found in 1890, during an investigation of twenty-three county asylums by a State Commission. The report of this Commission resulted in the transfer of every patient in these institutions to state care.

We to-day can scarcely conceive of such a movement taking place without the assistance of trained nurses, and if such a movement were to take place to-day and if state hospital nurses were not available, the patients would be as uncared for as twenty years ago. The doctors, philanthropists and humanitarians all recognized the needs of these patients and were anxious to help them, but the trained nurse evidently considered it no concern of hers. Why? It was not because they were poor, dirty, and in most repellent circumstances; nurses have never been known to shirk the care of the bodily sick under like conditions. Nurses did not consider them sick, have never been sufficiently taught to so consider them since, and do not now realize it. This is apparent from the fact that but two or three general hospital training schools in New York State have arranged for the teaching of this branch of nursing. A few give a short course of lectures, and the majority, many with a three-years’ course, do not include even theoretical instruction in their curricula. And here I think we have found the reason for which we have been looking, the chief reason at least. Had the trained nurse realized it then, and could we have had at that time the services of women experienced in training-school work, women with vision to see the wonderful development possible, and with the broad judgment and tolerance necessary to carry it through, who shall say what the status

of the State Hospital nurse would be to-day? Indeed, the status of any trained nurse in New York State.

However, the doctors in charge of the hospitals at once recognized the necessity for instruction to the attendants, and set about organizing schools. A training-school committee was formed, a schedule of instruction planned to be carried out uniformly in each hospital, with examinations to be held at regular intervals, and diplomas to be issued to those qualified at the end of two years.

And thus we find a record, in 1896, of three hundred and twenty graduates, and there has been an average yearly output of one hundred and seventy-five nurses from these hospitals since, making a total of two thousand seven hundred and ninety-seven in sixteen years. This, of course, does not include the graduates of 1912.

Now the results obtained usually show the measure of fitness for work undertaken. Let us see what these nurses are doing, and with what success they have competed with the general hospital nurse. First, the insane of New York State have been cared for with ever-increasing efficiency and comfort, to such a degree that the longevity resulting is a factor to be reckoned with in housing these patients. The majority of the graduate nurses are married, showing a successful competition there, and about one-third of these married people have remained in the work. One-half the remainder, or about seven hundred and fifty are employed in hospitals for the insane. The others are engaged in private nursing or are employed in other institutions and general hospitals. Here I may speak with authority only of the graduates of St. Lawrence State Hospital, as I have not collected information about the others. I have no doubt their record is equally as good. We find these nurses usually in executive positions, as matrons of large institutions, such as Craig Colony for Epileptics, the Newark Institution for Feeble Minded, St. Lawrence State Hospital, Manhattan State Hospital, Hudson Reform School, as superintendents of hospitals for the treatment of tuberculosis, superintendents of training schools in general and state hospitals, engaged in district and school nursing, superintendents of psychopathic hospitals, wards and detention pavilions; several are doctors, a few dentists, and the rest are largely doing private nursing. I mention these various fields in which they are working to show you that with or without a complete training, there was something in these hospitals and in this work which developed a wonderful executive ability and adaptability. So much for our past.

For a general consideration of our present, we find that the majority of these schools are under the direction of superintendents of nurses and are conforming as nearly as possible to the Regents' requirements by

affiliating with general or special hospitals for practice in obstetrics and children's diseases. We are meeting the educational requirements on the same basis as other schools. The nurses are taking the Regents' examinations and receiving their share of honor marks.

In looking more closely into our present condition, we will first consider our shortcomings, especially those which are pointed out by people not engaged in the work but interested in our improvement. There are several counts in the indictment to which we plead guilty, although I am glad to say we are able to show improvement along all lines criticised. First: We admit pupils to our schools without the required educational qualifications. We have done this in the past in about the same proportion as many general hospitals, but have never admitted any one without a preliminary examination. In the past two years the majority of the nurses in the school in which I teach have had more than the required amount of high-school work. We have only allowed those nurses to take a preliminary examination who showed evidence of being able to make up the required counts or their equivalent before graduating. Second: Our hours are too long. They are, altogether too long. No nurse should work more than eight hours, but this is a regulation for all the state hospitals and cannot be changed as quickly as we could wish, or as if it were a local ruling. Third: The work is too laborious for nurses. It is. A rearrangement of work with a better proportion of attendants to nurses, and with not more than fifty-six hours a week on duty, is desirable. Fourth: Not enough distinction is made between the nurses and attendants. Our nurses have a different uniform, separate dining-rooms, and do not room on the same floors as attendants. Fifth: The attendants leave the hospital and practice as trained nurses. Not many instances of this kind have come to my notice, though it may be true. We all know that as a rule a dismissed pupil from any school can find employment as a nurse. This the state hospital cannot control. Sixth: Not enough practice in physical nursing. This is true only of certain branches.

Let us leave the consideration of our defects for the present, not to pass over them lightly, not forgetting them—we do not wish to do that, and Miss Goodrich would not let us if we wanted to—but to consider our assets as a training school for nurses and determine what we have in the state hospitals at present that makes for the ideal training school, as held up by the Education Department. As this ideal was originally formed from a consideration of general hospital nurses only, we shall compare our teaching and its results in value to the pupil, and the patient for whom she cares, along general hospital lines as far as possible.

The trend in medicine has somewhat changed in the past few years, and with the general recognition of natural agencies in combating disease, fresh air, water, diet, sunshine, rest, recreation, etc., treatment by drugs no longer occupies the place it formerly did. Hence, those things which constitute the greater proportion of nursing measures are now more nearly agreed upon, and we find them the same in all hospitals.

In the application of these measures we find three divisions in which the State Hospital does not provide sufficient *practice*, namely, obstetrics, children's diseases and surgical nursing. We are trying to remedy this by affiliating with other schools having an abundance of this work. The value of the state hospital nurse in affiliation along these lines should not be underestimated. In fact, if these nurses have been properly prepared, they should prove extremely valuable to any hospital. In preparation for our affiliation in obstetrics we give a carefully prepared course of lectures, and we have a number of cases in our hospital each year, with which our theoretical work is demonstrated. The pupils have an opportunity of observing the pregnant woman during gestation, to make complete preparations for and assist at the confinement, and to plan and even make the layette. No child born to luxury is ever more eagerly watched for, warmly welcomed, or carefully nurtured than this tiny stranger by the nurses who must stand in a closer relation to it than its strangely alienated mother. Such preparation ought to count.

The majority of our hospitals have modern, well-equipped operating rooms, where the surgical work done is about that incident to any town of from two to five thousand people. Here instruction is given and drill maintained until the pupils are ready to assimilate any experience which may come to them in private or hospital work. In preparation for affiliation for pediatrics, we give the suggested course of lectures, and all special treatments are demonstrated properly.

With children, what nurse so valuable as the one who combines her sure knowledge of physiology and anatomy with skill in massage and Swedish movements? Add to this her ability to interest and amuse her little charges from her store of kindergarten work, so largely used in the re-education of many of our patients, and her value is increased.

Again, what nurse so acceptable to the convalescent as the one who, from her experience in the occupation classes, can teach her some new game or interest her in some unusual form of needle work, basketry or other handiwork, to while away the tedious though comfortable hours?

What nurse so well prepared to care for the travelling invalid as the one accustomed to bringing patients to our hospitals, looking after the innumerable necessities of transportation, the handling and packing of clothes, the strict economy of time and money expended?

The pupil from the state hospital school has always been credited with good housekeeping ability. This, combined with her industry, makes her valuable in ward management. It seems to me that a nurse with such preparation should be very acceptable for affiliation.

Of general medical cases, including infectious, contagious, venereal, alcoholic and drug, we have our full share for practice in the state hospitals. Of diseases of the brain, spinal cord, and nervous system, with partial or complete paralysis, and the attendant deformity of bone and interference with all functions of the body, resulting in that class of helpless cripples and bed patients requiring the closest and most exacting care from the nurse, we have more than our share.

As an integral part of our hospital system is found the separate tuberculosis pavilion, where the nurse has an opportunity to put into practice all prophylactic and remedial measures advised in the treatment of this most prevalent disease. Dietetics at St. Lawrence is one of our strongest features. We have two well-equipped diet kitchens where the nurse supplements her lessons in the chemistry and theory of cooking by a month's practice. We could just as profitably close our sick wards as our diet kitchens.

In regard to teaching the subjects that must remain largely theoretical in all schools, we have special advantages. Our teachers and lecturers are all resident and paid. Every period must be filled and we never need depend on a busy practitioner for this. The staff is usually large enough to enable us to select from it the doctors best qualified and most interested in the subject to be assigned. You will find few state hospital nurses unable to pass a creditable examination in physiology and anatomy. The abundance of normal and pathological material as an aid to teaching, and the frequent and regular attendance at autopsies, make this possible. Teaching materia medica is a simpler problem in our hospitals than in many schools, because of our large drug room and resident pharmacist. For bacteriology and analysis, there is always a laboratory with a pathologist and clinical assistant. As for hospital and household economics, there is no school where theory and practice can be so well given.

So far, the State Hospital course runs along parallel lines with the general hospital, or can be made to,—the strength of either one supporting the weak parts of the other. Here I think the comparison must cease, as the two lines diverge sharply in certain parts of the work, and we can not compare dissimilars.

The study of the symptoms of mental disease and their very special significance, the unusual and special measures employed for their allevia-

tion, as yet remain wholly within our own schools, and the nurse who values this experience as a part of her training must seek it there.

I do not say that all the material of which I have spoken is used in all the state hospitals, but I do say that it is there to be used. To use it wisely and with benefit, we need the right women in the work. We shall get the right women when pupils in general hospitals are taught the value and importance of this branch of nursing. When this is accomplished, the solution of many problems that vex us in arranging the training school work in state hospitals to-day will be found.

Who is the trained nurse, by what signs we shall know her, is not yet determined. I venture to predict that in the future the ability to care for the nervous and insane will be *one* of the hall marks.

For our future, bright hopes. We readily admit that our experience is of sixteen years only, and we rejoice in our youth since it leaves still with us the men who have shown such wonderful ability as organizers and administrators in developing this great movement for the care of the insane in the most efficient and economical manner. They are willing and anxious to give their time and best thought to the improvement of our training schools. Their better judgment, resulting from this large experience, stands between us and the consequences of ill-advised haste for improvements, and their enthusiasm without sentiment carries us far along the way.

We must not think of the future in terms of the present. Situated as most of the state hospitals are, with spacious grounds, healthful surroundings, splendid sanitary arrangements, every provision for recreation and amusement, good libraries with a resident staff of teachers, and abundant material to be utilized, we see the state hospitals as teaching centers.

Conditions are very rapidly changing in the state hospitals and nurses must change with them. The nurse, as well as the physician, must look beyond the patient as such, to the social system of which he forms a part, and must necessarily become more and more concerned with conditions which bring about a mental breakdown.

I quote from a paper entitled "The State Hospital at the Parting of the Ways," read by Mr. Homer Folks, Secretary of the State Charities, at a conference of hospital superintendents and managers with the State Hospital Commission on September 6th last, in which he speaks of the path which "Leads to increasingly close relations between the state hospital and the communities in which they are, increased popular knowledge of, and popular confidence in them, increased service on the part of the state hospital to a wider range of community needs, increasingly

valuable contribution to the development of this particular portion of medical science. In short, to a continual adjustment of the state hospital to changing social conditions, and constantly greater service to the people of the state." He emphasizes the necessity of the open door in state hospitals; our interest in, and care of patients, no longer to be intramural; that the hospital should extend its service beyond its walls.

When the people interested in this movement of prevention and after-care are at work, they will find the state hospital nurse standing at the "Parting of the Ways," well prepared to do her share, to go into the field as a missionary, teaching that insanity is a sickness, sometimes to be prevented and sometimes cured, and preaching the conservation of mental health.

I have very imperfectly sketched our work as nurses in the past, our present endeavors, our future possibilities. I feel that nowhere can the student mind be more stimulated, or that by-product of every-day life, character, be more strongly developed than in these hospitals. Ruskin says, "We are not sent into this world to do anything into which we cannot put our hearts. We have certain work to do for our bread, and that is to be done strenuously; other work to do for our delight, and that is to be done heartily. Neither is to be done by halves or shifts but with a will, and what is not worth this effort is not to be done at all."

Into *this*, more than any other line of nursing, must we put our hearts if our work is to bring us any measure of delight. They who go into it find many Hills of Difficulty, even many Sloughs of Despond—but it is a satisfying service and as yet the laborers are few.

THE CARE AND FEEDING OF BABIES *

By MARION BALFOUR CHALMERS
Graduate of the City Hospital, Akron, O.

(Continued from page 365)

I should like to quote from an article on the "Fundamental Principles of Pediatrics," by Dr. Henry Dwight Chapin of New York. He says: "A large part of the sickness among infants in hot weather may be due to ineffectual cooling of the living animal motor. Imagine an infant on a hot day, lying in a crib surrounded by curtains. Air movement is stopped, and the atmosphere around the infant becomes so saturated with water vapor, from evaporated perspiration, that no more can evaporate, with the result that the infant's cooling system breaks

* Read before the Tri-County Nurses' Association, Akron, Ohio.